



Colorado State Patrol  
1341 Sherman Street Denver, CO 80203  
Phone (303) 866-3660 Fax (303) 866-2427  
**APPLICATION FOR SECURITY ACCESS CODE**

Applicant Name\_\_\_\_\_ Social Security Number\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Department\_\_\_\_\_ Division\_\_\_\_\_  
Work Address\_\_\_\_\_ Room Number\_\_\_\_\_  
Work Phone( )\_\_\_\_\_ Emergency Phone ( )\_\_\_\_\_

**Building Requested:**

ANNEX	CAPITOL	STATE OFFICE BUILDING
HUMAN SERVICES	LSB	CENTENNIAL
POWER PLANT	STATE SERVICES	MAIL ROOM
690 KIPLING	700 KIPLING	1570 GRANT STREET
CAPITOL ATTIC	TUNNELS	WELLNESS CENTER ONLY

The following information will be used as identifiers in case the applicant requests information about the access code:

Date of Birth\_\_\_\_/\_\_\_\_/\_\_\_\_ Sex Male Female Height\_\_\_\_\_ Weight\_\_\_\_\_ Hair Color\_\_\_\_\_  
Eye Color\_\_\_\_\_ Mother's Maiden Name\_\_\_\_\_ Unique Password (serves as additional identifier)\_\_\_\_\_

Background Check Requested: Yes No If yes, please sign below. A background check is mandatory for contractors/vendors. If a background check is requested, please provide the phone number of the director or immediate supervisor requesting the access code: (\_\_\_\_)\_\_\_\_\_

I authorize the Colorado State Patrol to conduct a criminal background check on me prior to approval of an access code. \_\_\_\_\_

Applicant Signature

I understand that the access code to be issued to me will be my private access code. I accept full responsibility for its use and will not share, assign or divulge my code to any other person. I understand that if I abuse my code in anyway, my code will be revoked for an undetermined amount of time.

Applicant Signature

Director/Supervisor

Director/Supervisor Signature

OFFICE USE ONLY

ACCESS CODE\_\_\_\_\_ DATE ISSUED\_\_\_\_\_